

Nursing Voice

LEHIGH VALLEY
HOSPITAL

First Place
Essay Winner



Dean Romanchuk
Technical Partner-PCCU

The Wrong Side of the BED

*"Somebody once said
that poetry is strong
emotion recalled in a
tranquil time. This
isn't poetry, but the
sentiment is the same."*

When you work in health care, you can become desensitized to the horrors of illness while developing a raging paranoia about diseases. Every health care professional goes through this: indigestion has to be an ulcer, a headache either marks the onset of a stroke or the first symptoms of a brain tumor, and everyone's had palpitations that mimicked a wide variety of heart arrhythmias. We all do this and we all laugh at it, but it's not really laughter and it's not really funny. It's whistling through the graveyard. We empathize with the patients by learning to put ourselves in their position, but no one, no one wants to really visualize that. I had a head nurse who once told me that the absolute worst day I could have in this hospital was better than the best day any of these patients could have. I didn't know it at the time, but I was about to learn the wisdom of that statement in a most up-close and personal manner.

November 1998. The storm clouds had begun to gather on the horizon. I'm not sure exactly how or when I discovered it, but I found it – an abnormality shall we say – in my testicles. It was a little like that Sesame Street song: "which of these is not like the other." I was also about to learn just how important a sense of humor can be.

Of course, the first reaction is denial, despite the fact that you know better, that you're at least **supposed** to know better. And by denial, I don't just mean tossing the thought out of your head, I mean

you don't even let the thought into your head. How many times do we tell patients about the importance of early detection and follow-up? How easily the words come when you have the luxury of detachment. Facing down the denial is a hard moment in the treatment of disease because that means you now have to stare into its eyes.

That denial lasted about two weeks, which meant two weeks of caring for sick people while wondering if I was about to become cared-for. It was time to call the doctor. For better or worse, it was time to settle this.

I will never – **never** – forget that crisp December afternoon. I had already spent the morning with my head ringing – discordant voices trying to shout down the other – "It'sgonnabeokayI'mgonnadiewill-youjustwaittoseewhatthedoctorsaysohmygodit'shappeningtomewillyoujustshutupjustshutup" – all this yelling and arm-waving while I paced from room to room, glaring at the clock when I wasn't lying down listening to my heart beat, wondering if maybe my body was tricking itself into destroying itself.

The drive to the doctor's office was much, much too short and even the best rock-n-roll the radio could offer could do nothing to lift the darkness I felt gathering over me (...willyoujustwaittoseewhatthedoctorsaysohmygod...). The fifteen minutes or so that I spent in the waiting room convinced me once and for all that time truly is relative to the event. Sitting in the exam room and waiting for the doctor defied description (...shutupjustshutup...).

The doctor walked in – he looked **way** too serious for my frame of mind – and we exchanged a firm but brief handshake. No small talk this visit. He sat on that little wheeled exam stool while I dropped'em. Ten second examination, then he pushed back slightly, looked up at me and said, "Which urologist do you

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What can I say to introduce this issue of the Nursing Voice – the issue containing the annual essay contest winners and honorable mentions? I can tell you how nervous I was again this year as the deadline

approached and I had only a few essays. I can tell you of my relief when, on the last two days, I had a mailbox overflowing with entries. I can tell you how difficult the Editorial Board's job is – judging when so many essays are so well done and so meaningful.

But I think all I will say is "Thank You." To the Board Members for their work; to the secretary, Tina

Stoudt, who typed the essays onto a disk; to the photographer, Scott Dornblaser, for "shooting" the authors so promptly; to AdComm for designing

From the Editor...

and printing so creatively and quickly. But, most of all, Thank You to the authors who shared their thoughts and deepest feelings — inspiring and touching all who read their words.

Darla Stephens, RN, Lehigh Valley Home Care,
Editor, Nursing Voice

Essay Contest Winners

2000
Nursing Voice

1st Place

"The Wrong Side of the Bed"

Dean Romanchuk, Technical Partner– PCCU

2nd Place

"Somebody's Child..."

Michele Bernier, RN– Trauma/Neuro/ICU Float Pool

3rd Place

"Shaping The History of Nursing"

Stephanie Mascavage– Administrative Secretary–
Clinical Services

Honorable Mention

Katrina Fritz, RN- Bed Management

Jennifer McCardle, RN, LV Hospice Inpatient Unit

Janice Barber, RN, 6S-Adult Psychiatry

Naomi Solomon, RN, 6B

Joann Geslak, RN, CC-OR

Shirley Offutt, RN, LVPD

Eugene Anderson, RN, CVCU

Hannah Dolan, RN

Mary Beth Sprankle, RN, 6N-Adult Psychiatry

Mary-Jo Kolde, RN, ASU-OR

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Editor

The Wrong Side of The Bed

"I remember a very strange calm coming over me as I got the results. It wasn't a resignation or hopelessness; it was more like: settle down and take a deep breath, Dean."

want to see?" The coldest, most awful dread I have ever known seemed to seep through the pores of my skin, drag through my lungs to wrap itself around my heart. The voices had fallen silent.

If the wait in that doctor's office seemed impossibly long, then the twenty-four hours between that visit and the ultrasound, followed by the urologist's consult, was a lifetime. I know that sounds trite, but you can die a lot in twenty-four hours. This is how they feel, I told myself, this is how every patient feels when they know — they **know** — it's going to be worst case. They hope and pray just like I was hoping and praying, but that sick feeling deep in your gut already knows.

Ultrasound, another interminable wait in the urologist's office, and then it was show time. And if my primary doctor looked serious when he entered the exam room, then the urologist looked downright grim. I know these guys have great poker faces, but when you work around them for a while you can see through the impassive expressions. I knew this was not going to be good news, even before he shook my hand.

If it looks like cancer, feels like cancer, then chances are...

He wouldn't know for certain until he surgically removed the "mass," and how innocuous that term sounds. Of course, removing the mass meant removing the testicle, and I sort of went numb at that point. I don't remember much of his explanation about the plan — suddenly I was every patient I'd ever attended, and the cold veneer of professionalism means nothing when the doctor's talking to **you**. This was every health care worker's deepest nightmare come true — the monster was no longer lurking in the shadows.

He summed up with scheduling the procedure and asked if I had any questions. I looked up at him; what was there to question? This was what it was all about. I'd read all those books on positive outlooks and faith in healing. Anyone can read a book — can you live that way when it really counts?

How in the name of God do you tell your parents something like this? Or your friends, or your girl. And what about Magnolia? My girl's lack of any real reaction confirmed just how serious this might be. She's a good RN and a great mom, and that combination requires guts that don't allow for public displays of grief or fear. She must have known the very last thing I needed was for her to fall apart. My parents' held up remarkably well; my sister didn't. My best friend — the best friend a man could ask for — was simply at a loss for words. I'd rather not think what might have been going through the minds of those good people when I wasn't around.

I took a ride that night, my fingers tightening on the steering wheel as Guns-N-Roses version of "Knocking on Heaven's Door" came over the airwaves. When I got home, "Seasons in the Sun" was playing on the weather band channel. Even my favorite band in the whole world, an English group named Marillion, was of no help at all when I came across the lyric "we're terminal cases that keep taking medicine/pretending the end isn't quite that near." Switchblade associations — the cut is so quick you don't feel any pain; you just look down and there's a puddle of blood at your feet.

The surgery went very smoothly; those people at ASU deserve a pat on the back for their professionalism and compassion. I got to wondering if I'd been

that understanding with my own patients, hoping that I had been but suddenly not quite so certain, no longer so cocksure of myself. It's just different here, from the wrong side of the bed. But those RN's, the techs, everyone involved in that same-day procedure, people I had never met and would probably never see again, made what should have been a horror show into something I could handle, even as I walked into the OR.

That little snip-n-stitch gave me a nice limp for the rest of December — do you have any idea of how difficult it is not to drive for a week? But the tumor — yes, it was cancer — was gone, and all I needed now was a follow-up CT scan to make sure everything was okay. The blood tests showed that there were no tumor markers, but that, I learned, doesn't mean much.

Because the CT scan revealed what **nobody** was prepared for, not my docs, my folks, my friends, my girl, and least of all the guy in the spotlight. The cancer had metastasized — through the spermatic cord, to the retroperitoneal lymph nodes, to the right lung. Merry Christmas.

I remember a very strange calm coming over me as I got the results. It wasn't a resignation or hopelessness; it was more like: settle down and take a deep breath, Dean. This is not the time to panic; it's the time to think and act because this little bastard is trying to kill you.

I had the opportunity to meet another of our hospital's doctors, this time an oncologist. I found myself wondering if he saw the same fear in my eyes that I'd seen in so many patients: the fear of not knowing, the fear of knowing. He explained the chemotherapy, that it would involve three treatments over a nine-week period — one treatment being six to seven hours a day, five days a week. I listened to this thinking — this is not real. This is not really happening to me. Cancer had always been someone else's nightmare. He explained the anti-nausea medications that were available while I felt like throwing up, explained how the treatments would progress as my mind spun.

I took a deep breath when he finished. It's funny how the little things can affect you the most. I asked him how much hair I could expect to lose and he simply said: "All of it."

Lose my hair? My **hair**? The golden locks of thick, curly hair that hung below my shoulders were as much a trademark as my notebooks; in fact, people identified me as the guy with the hair and the notebooks. I asked him what would happen if I did nothing. He told me I would become symptomatic within six months and could be dead in a year. To which I replied, half-seriously, that a guy could pack a lot of living into a year.

Chemotherapy is... very hard to describe. It's almost as if you slowly begin to inhabit another body — a body that doesn't function very well. Everything smells and tastes just a little different, which is not to say things smell or taste better. My appetite didn't really suffer, in fact, I ate like I've never eaten in my life. Maybe it was the steroids; I don't know. I was cold and exhausted most of the time; the exhaustion makes you inactive, which in turn makes you want to curl up in bed, and so on. In nine miserable weeks I became something I'd never thought I'd become: bald and fat. And tired.

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*"This was something
else I could someday
take back to my
patients— this almost
giddy feeling of having
gotten through it,
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and beaten it."*

The hair came out just as predicted, a few slim clumps at first, then more, then a lot more. A quick date with an electric razor and suddenly I looked very nineties. This isn't insult to injury; it's indecency to the insult.

I've worked with cardiac patients ever since I'd become a tech, so I had absolutely no experience with this sort of thing. Sometimes that's good and sometimes it's not so good. But that's why I owe the nurses at our hospital's Cancer Center my eternal gratitude. Write their names in the stars. The pretty phrases won't cut it this time. You have to see these professionals in action to truly appreciate what they're about; I hope you never have to, but if you do, you will be in the most dedicated and compassionate hands in medicine. Their simple presence is reassuring and once again I found myself hoping I'd been just **half** this good with my own patients.

Every nightmare eventually ends and I remember the hugs and handshakes as my final day of treatment came to a close. I walked out of the cancer center physically and emotionally drained, but I'd learned something about limits, about exceeding them. I was the patient who was walking out that front door now, a little weaker and a little stronger, a little wiser and a lot less scared. This was something else I could someday take back to my patients — this almost giddy feeling of having gotten through it, having faced it down and beaten it.

Uh-oh. Not so fast. Because while the follow-up CT scans showed that the cancer was gone, there was still something rather odd about the retroperitoneal lymph node chain — just looked a bit larger than they should. It could be scar tissue — the optimist in me was still willing to place bets — and it could be something else.

Back to the wrong side of the bed, buddy. It ain't over 'til it's over.

I delayed the surgery for a few months — hey, it was summertime and I wanted my life back — cajoling my docs into watching it through monthly CT scans. And it **was** shrinking: a millimeter here, a millimeter there. Not enough to really convince anyone, at least not anyone who knew better. When the last CT scan revealed that it was no longer shrinking, I folded. I honestly think I was dreading this surgery more than the chemo. It was, after all, not going to be another snip-n-stitch out-patient procedure. This was closer to disembowelment. This chain of lymph nodes was located by the kidneys, just about the worst spot for a surgeon to reach. I didn't need much coaching for this one; I knew what I was getting into, from the Go-Lytely to the NG tube to yet another ugly scar.

There was another aspect to this surgery. Up until now I'd been dealing with strangers of whom I'd grown fond: the good people at ASU, God's hands in our cancer center, docs I hadn't known before. These people know me as the patient, not the tech, not the writer. But this procedure was going to take place in **our** OR, in **our** hospital. People I'd know for years would be taking care of me, seeing me at my worst. In one sense that's a comforting thought, in another...

Well, the morning of the surgery I was every patient I'd ever wheeled to the OR. Was it harder for me because I knew what lie ahead, or did that knowledge help me? I haven't decided yet.

I remember being prepped in the holding area, looking about at the other patients lined up around me, and that was when the first real wave of panic hit me. Fortunately, it didn't last very long, because this is where the movie ends. One moment I'm being shaved, the next I'm being wheeled onto the elevator from the recovery room. I felt, even in that weird post-anesthesia state, the utter helplessness every surgical patient feels. The absolute loss of control. The panic that rears up when you realize you are suddenly dependent on someone for everything. I appreciate the RN's who beat that lesson into my head during my early days as a tech: few things are as frightening as that sense of vulnerability.

My memories of the five-day stay on 6C are just a bit, shall we say, cloudy? Morphine does a pretty good job of whiting-out the details, even the big ones. But the news was good: nothing but scar tissue, the monster was dead. And the staff on 6C was every bit as good as that news. I know that sounds a little strong, but those good people fixed me and guided me toward my recovery. I wish I remembered more, but by the time my head cleared I was getting my discharge papers and heading out to reclaim my life.

Almost. A day and a half after discharge I was readmitted with what turned out to be a partial ileus, and this was perhaps the lowest point in the whole rotten journey. I limped into the ER a gaunt, dehydrated wreck, dead white except for the black rings around my eyes — the living dead in search of an angel, and if angels walk the earth, you'll find them working in the emergency room. But it was back upstairs, back to the wrong side of the bed, just one more time.

My week on 4C was as close to pleasant as a hospital stay can be; the staff made me proud to be in the same profession. I found myself seeing in them what I wanted my patients to see in me — and there it is. That's what I've been trying for since I began this little expose. From the people in the urologist's office to the staff at ASU to the oncologist's office to the Cancer Center to the OR to 6C to the emergency room to 4C — all those beautiful people who touched my life and made this nightmare endurable showed me how I wanted my patients to see me.

I had found it curious, over the past year or so, that I hadn't written so much as one word about this ordeal. Living through it was enough, I guess; the cancer had taken enough from me and I didn't want to give anything else. But I think this essay gives me the right format — for what? An act of closure? I really don't believe in that stuff. No, I think what I've been trying for is a way to say "thank you" to the incredible men and women who were involved in each step of my care. They not only saved my life; they reminded me what it's all about.

Somebody's Child...

Have you ever experienced a silent conversation with someone you've never met? You know exactly what that person is saying to you – yet, no words are spoken!

This type of exchange is not clairvoyance, nor is it even a rarity, for a critical care nurse.

Let me share with you one such occasion. I had just come on duty that Monday morning in the Trauma Neuro ICU at Lehigh Valley Hospital. I was still trying to shake off the guilty feelings of leaving my two young children once again; telling them Daddy would be there to take care of them after they get home from school.

On my 60-minute ride to work, most of my thoughts were about my children. Did Hannah get enough sleep last night so that she would be bright eyed and alert in her kindergarten class? Did I remember to pack Cole's new Crayola crayons in his backpack for his Day Care project? I touch my cheek... we have a morning ritual each day I go to work. Before I leave, I kiss the palms of their little hands and say, "Mommy loves you. Whenever you miss me, just put your hands on your cheeks, and remember... Mommy loves you; Mommy misses you, too!"



Michelle Bernier, RN Trauma/Neuro/ICU Float Pool

Those were my thoughts as I passed one of the rooms. I backed up when I saw a tiny figure lying motionless in the big hospital bed. I thought to myself – this is **somebody's child**. Even though I was not assigned to this patient, I was driven into that room; I needed to know what had happened to this child. What was his prognosis?

Jonah*, age 7, had been riding his bike, without a helmet, and was struck by a car. Out of the corner of my eye, I saw her sitting at the edge of the bed, holding his small hand. As I raised my head from the chart, Jonah's mother's eyes and mine began our silent conversation. Her grief filled eyes asked, "Can you help my child?" I was scared; I didn't know what my eyes would answer. Then a faint Mona Lisa smile passed across her face, and my fears left.

I found myself stopping by Jonah's bedside quite often over the next few days. Jonah's mom and I now conversed vocally. "Has he opened his eyes yet?"

**Names have been changed.*

"How are the pressures in his head?" She would hold that little hand and answer, "God is watching over while Jonah sleeps; He'll answer our prayers!" She even told me that Jonah had wanted to be a missionary when he grew up. What a realization at the tender age of seven – the wish to help others!

Jonah's wish came true eight days after entering our unit. The pressures in his head kept climbing until he herniated and was pronounced brain dead. As she took his still hand, and placed it to her lips, I heard her silent conversation – "Mommy loves you; Mommy misses you, too." I turned to leave; through tear filled eyes I glanced at Jonah's face... there was a faint trace of that Mona Lisa smile across his lips. My pounding heart slowed as I left the room.

While Jonah's Mom grieved over the loss of her child, she was able to answer other mother's prayers by donating Jonah's organs, allowing Jonah to fulfill his wish to help others – not in his short life, but through his death. Maybe this one unselfish act allows mothers to move through the journey of grieving...one that I pray I'll never embark on!

My children are the best of me. They're the smile at the end of a horrible, problem-laden day – the laughter that explodes when all seems hopeless – the sunshine that somehow penetrates dark storm clouds on a rainy day. They are my happily-ever-after ending in this movie called "LIFE." My role as mother to these two wondrous children has helped me to evolve in my nursing profession.

I see my children's faces, not only in the faces of my young patients, but in many of the people I've encountered throughout my career. As I look into these faces, the silent conversations begin: the homeless man who has jumped from a bridge in a moment of hopelessness; the lonely elderly lady who complains about everything – hoping to get someone's brief attention; the teenager left paralyzed from a drunk driving accident who is mad at the whole world; the 300 lb. woman who just needs my help getting into a crowded elevator; or even the physically handicapped housekeeper who needs a few extra minutes to clean the room... and I think to myself... each of them is **somebody's child**. All these people deserve the love, patience and limitless understanding that only a mother can give. I, as a nurse, co-worker, and even stranger can act as a surrogate mother when the need arises.

As I touch my cheek, different memories flash into my mind, ones that had been tucked away for a while, and I remember... **I am somebody's child**. I feel that faint Mona Lisa smile spread across my face.

Third Place *Shaping* The History of Nursing

Gail was an evening shift nurse on the Oncology Unit. She liked working the 3 to 11pm shift because the patients spent most of their time with visitors, eating dinner, and then sleeping. This didn't afford for much conversation between the nurse and the patient. Not that Gail didn't want to talk to the patients; she didn't want to get too involved with them. Gail was a kind hearted soul, the sort of person who didn't hesitate to go the extra mile. But, she found it difficult being too close to her patients because of the nature of their illness. Gail had been hurt many times over the years and she decided that the less you knew about someone, the easier it was to let them go when they died.

It was a cold, snowy January afternoon and Gail was reporting for her shift. The Director of the Oncology Unit practically ran Gail over as she was walking down the hall.

"Oh, I'm sorry Gail," said Carolyn. "I guess I'm trying to do too many things at one time. Two people called in, all the beds are full, I haven't even had time to show the new hire around. You just wouldn't believe the day I've had."

"I'm sorry," replied Gail. "Is there anything I can do to help you out?"

"Thank you Gail, that would be wonderful," said Carolyn. "Maybe you could rescue the orientee and show her around a little bit. Poor thing has been going over policies and procedures all day."

"Sure, no problem. Where is she?" replied Gail.

"Her name is Mrs. Knight and she's in my office. Thank you so much," said Carolyn.

As soon as Gail walked into the room, she had the overwhelming feeling that she knew Mrs. Knight from somewhere. Mrs. Knight was talking on the phone when Gail entered. Even the way she talked

seemed to remind Gail of someone she had cared about. Mrs. Knight ended her conversation and hung up the phone.

"Well, look who it is . . . Hello Gail, how the heck are you?" said Mrs. Knight.

Then it hit Gail. It was Floe, her childhood friend. She hadn't seen Florence Olivia Smith since the two of them were somewhere around 9 years old. They had lived just across the street from each other, and were best friends from the time they were born. That is until Florence's family moved out of state when her father got transferred. Gail still remembers the day they said goodbye to each other. They made a pact to remain best friends forever. But they never saw or heard from each other again. Gail was so hurt when the letter she sent to Floe came back marked "Address Unknown". It was as if Floe had died. Gail never had another "best friend".

The two of them started talking, filling each other in on what had happened since they parted. They got to know each other all over again. The conversation waxed and waned from the past to the present and to the past again. During their conversation, Gail learned how Florence had met her husband. He was a patient on the unit where Florence worked. It was the Oncology Unit.

"But, why get involved with someone like that? You knew he was probably going to die, why put yourself through that?" questioned Gail.

"At first I just felt so sorry for him," started Florence. "He had no visitors. His parents had died and he had no other family in the area. Because he had lived out of state for so long, he had no close friends nearby. So, I just started spending some extra time with him. I stayed with him before and after my shift every day. We got to know each other inside and out. His biggest fear was dying alone and his greatest sorrow was that he never got married. He was too busy with his career to get involved with anyone."

"He was so sweet," continued Florence. "On Valentine's Day, he had flowers delivered to himself at the hospital, just so he could give them to me. And, on my birthday..."

"February 28th" interrupted Gail.

"Right" continued Florence. "He got one of the other nurses on the unit to help him set up the

"When you are a nurse, you care for all of your patients; But there are some that you also care about."



Fiction by

Stephanie
Mascavage

Administrative Secretary-Clinical Services

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Honorable Mention

Searching for



Joy in nursing. I scoffed as I read the themes for the essay contest. That feeling of blissful happiness is reserved only for children, I thought to myself cynically. How could something so demanding and stressful bring anyone joy? Adding the current trends in health care and the growing sense of apathy, there can only be misery. After all, how can there be joy when there is too much work and too little staff, I thought to myself jadedly. Everyone knows that money issues have made all health care professionals' lives harder. ... but is that why I have felt little joy as a nurse?

If I were to look for examples of joy in nursing,

Katrina Fritz, RN Bed Management

the obvious choice would be witnessing the miracle of a healthy baby being born. It truly would be wondrous to be part of bringing a new life into the world, but alas, we cannot all be labor and delivery nurses. I believe joy can also be in the grieving process. Helping families deal with their feelings of loss could impart a great sense of fulfillment. Encouraging patients blinded by fear or anger to seek treatment that would save or greatly improve the quality of life could also be a heady experience. However, these are all infrequent incidences. It is the simplest of acts of kindness, the gentle touch on the patient's arm, a quick squeeze of the hand, a good chuckle, a much needed hug, and a caring smile which bring real joy. But all the little nuances that gave me joy were gone. I had lost my way as a nurse.

Truly those acts of kindness are what fuel nurses; functioning without them could be likened to starvation. I had been feeling unfulfilled and disheartened off and on for years and could not pinpoint why. I started watching Oprah Winfrey's spirit programs and found that I identified with many of the people on her shows. Generally, the message was always the same to these people. Essentially, you feel joy if you do something for someone else without motive. All I kept thinking was that, if that were the case, nurses should feel an infinite amount of joy. I am in the most giving profession that I know and yet I feel little joy. I was watching her program because of my dilemma but felt worse. Questions arose in my head. Was I really

meant to be a nurse, or was I too ungrateful? On her program, she encouraged her audience to keep journals. Each day you were to write at least five things for which you were grateful. Besides the paycheck, my job was never once listed in my journal. For me, nursing was a negative part of my life.

During one of my usual tirades, my husband asked me point blank if there was anything I did like about my job. That question sparked the realization that my current focus was solely on aspects of nursing that I could not change, not on the intrinsic qualities that had lead me to nursing in the first place. Although I had become a nurse because it was a way to make a good living and finance my education, the number one priority that I had in a career was - helping others. Now ten years or so from my original decision to become a nurse, I was faced with the most frightening decision of all: did I need to switch careers?

Using the serenity of prayer as my inspiration, I turned my attention to the problem at hand - my attitude. There are many nurses whom I admire and think were born to the profession, but when I looked at myself I saw only a pretender. Perhaps the greatest indicator was the way I referred to being a nurse. "My job" or "I want to go to work, put in my time and go home to my family" were phrases I used constantly. How could I be a nurse if that was how I truly felt? Because the truth is, being a nurse is an integral part of one's personality. It is not a choice. What would be the reaction of a true nurse who encountered someone needing help out in a public place? My guess would be that the true nurse would just react and give assistance, not out of duty, but because something deep inside compels action.

Looking back on my life as a nurse, I also have had those gut reactions. For example, during our vacation in Myrtle Beach, SC, we were playing miniature golf when we heard a commotion coming from high above us. Although we were several holes behind and many feet below, my initial instinct was to reach the person in trouble. I ran as fast as I could, even scaling up the rock face at one point to reach her. On arrival, I found several people surrounding a woman on the ground. My mind was reeling. She appeared to be unconscious, but when I bent down to assess her, she opened her eyes. Upon questioning, I learned that she had been out in the heat all day without eating or drinking anything. We moved her into the shade with a drink and I encouraged them to take her home for

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Lessons *Learned*

Honorable Mention

As my nursing career moves onto another path, I look back on my experiences working in hospice and am overwhelmed by the lessons I have learned.

One of the most memorable patients was a 49-year old man, Richard, who I had the privilege of meeting on our Inpatient Hospice Unit. Richard was admitted to the Hospice Unit from our home hospice program after experiencing some uncontrolled symptoms and some care issues. Richard had metastatic cancer with lesions on his spinal cord causing paralysis from his waist down and limited use of his arms and hands. With the help of his insurance case manager, we were able to arrange for Richard's admission to our Hospice Unit indefinitely to provide Richard's physical care needs including pain management, as well as to provide some much needed support to both the patient and his wife, Karen.

Richard was a unique patient who taught us all so much about living and dying. Richard was a writer by profession, and was very open and honest about his feelings and thoughts as he progressed in his disease and continued into the last phase of his life's journey. He was with us for weeks during the summer, and one day he had a special request. Richard wanted to go outside for some fresh air. Something that we take for granted every day when we are healthy became a very important issue to Richard as his condition deteriorated.

We originally declined Richard's request based on numerous "road blocks" including safety issues, staffing limitations and physical barriers. Richard became tearful and explained that time with his wife outside of the four walls of his hospital room was crucial to his "journey." Since part of our role

is to assist patients to identify and access whatever it is they need to progress along their journey, we accepted his challenge.

With the persistence of the Hospice staff, as well as the help and understanding of engineering, Mr. Jim Burke, security and the Risk Management Department, his wish was granted. Richard would be placed on a litter; the staff would wheel him out onto the roof accessible from our Unit; and we would provide his wife with a cell phone to call us if they needed anything. Karen would bring Italian ices for both of them and they would spend time



Jennifer McCardle, RN
Pediatrics

out there every evening watching the stars and the city lights. Richard confided that the roof was the one place that, just for a moment, he could feel "well" again. He said he could forget the pain and the fact that he could no longer take care of his own physical needs. He explained that he and Karen would talk and share and enjoy one another's company while knowing in the back of their minds that the safety of the Hospice Unit was a few feet away.

Looking back, I realize that the entire "rooftop episode" was not only important to Richard and Karen, it was an invaluable lesson to all of us about appreciating what we have and valuing those who are significant in our lives. I will never forget Richard and I forever will be grateful to both Richard and Karen for the privilege of being a part of this special time in their lives.

Honorable Mention

Memories & Miracles



With the closing of the OB unit at the 17th Street site, I felt a little bit of sadness. I had worked there for nine years, and have lots of memories. But one incident that I remember is special. I can't remember the exact date or the names of the people involved, but everything else remains so vivid.

OB was busy as usual that day, and we all had patients to stay with and monitor. One patient in particular kept telling her nurse that she was going to die. No matter what reassurance was given to her by this nurse that she was doing fine and the twins she was carrying were doing well, she insisted she was going to die. The nurse came to me, because

Janice Barber, RN 6S-Adult Psychiatry

these statements made her uneasy. I looked at the monitor and also reassured the patient that everything was fine. Time passed without incident and it was lunchtime. I was caring for this patient while her nurse ate lunch. The doctor examined her and told her she should soon be starting to push. Well it didn't take long before she was ready to go to the delivery room. With some of the staff at lunch, I found myself wheeling her to the delivery room alone. We were conversing on the way and I was reassuring her it would soon be over and she would see her babies. As I assisted her onto the table, the unthinkable happened. She stopped breathing. At that moment, it felt like time was standing still. The entire room felt eerie. The sun's rays danced on the

walls creating shadows of different proportions. I heard myself shout for anesthesia to come "now." In an instant, they were all there as well as the obstetrician and two other nurses. I guess the seriousness of my tone left nothing to the imagination. In a short time, we had delivered those twins and were tending to the mother with fury while the pediatrician tended to the babies. I remembered someone pulling me out of the room, reassuring me I had done my job well. I watched in amazement at this chaos unfolding before my eyes. It was the most organized chaos I had ever seen; everyone knew exactly what to do with minimal direction. I was extremely proud of the team I was working with. The babies were taken to NICU as soon as they were stabilized. The mother was taken to ICU an hour after I had wheeled her into the delivery room.

About ten days later the mother was discharged from the hospital. I'm not quite sure anyone ever knew the cause of all that had happened. The twins went home a few weeks later in fine health.

The story should end there, but ten weeks later a woman walked into the recovery room and said her doctor sent her to me so I could tell her what happened that day in the delivery room. I looked at her in total amazement until I realized who she was and what she was really asking me to tell her. I won't detail our full conversation, but I asked her if she believed in miracles. I assured her that there was no other explanation that I could give to her. God felt she was needed to care for her twins. She shook her head in amazement and, with tears in her eyes, told me everything was fine.

Miracles happen at LVH all the time, but to me this was so very special. Our nurses are truly God's helpers. The training we receive here and the teamwork we exhibit is simply the best.

Honorable Mention

Illumination

You suffer for me
Friend from my past
So I may dare
To live at last.

Challenging myself
In spite of my past
Savoring each moment
As though it's the last.

The days of our youth
Are come and gone
With memories of them
Locked away in our hearts.

We're told to live
One day at a time
Then I see you
Knowing the truth.

That suffering should be
A reason to live
Or give us permission
To capture our dreams.

Is to minimize our lives
To the point of irrelevance
And tell us our fears
Were all invalid.

No words can tell you
The grief that I share
With your spirit and mind
And what you must bear.

I pray for your soul
As I pray for my own
So we may find peace
With strength to go on.

I take from you
A lesson to last
You give without knowing
My friend from the past.

So I may gain wisdom
From this suffering of yours
And not regret failures.

These are the lessons
That help us improve
Our spiritual selves
That only God knows.

Illumination

Early in my career, I understood the relevance of patient teaching, but could not understand how much they would teach me. Now as I contemplate my professional life, I realize that they often taught me things I did not and could not learn in school. Formal education was the vehicle that allowed me to travel the path that I chose. However, patients, family members, or even friends shaped the kind of person that I am today. They continue to sculpt me just as an artist works with clay.

A long time ago, someone told me that you never know where your life may lead you. As a young person, if that person is a dinner speaker, you really do not listen. If that person is clergy, the message may fall on deaf ears. This can be true of almost anyone who advises you. Hopefully, as you mature, these words ring true in your ears. That is exactly what happened to me.

As a high school girl, I was carefree just as we all were in the late 1950's and early 1960's. Those years were filled with homework, rules, parents and dating. Not much has changed for today's youth. Imagine my surprise over the years when fellow high school classmates became my patients. The role was usually uncomfortable, but many of the illnesses were not life threatening. All of this changed for me last year.

The shift began just like any other. I received report from the day shift nurse and hurried out to organize myself to the chaotic first three hours of middle shift. My first priority that day was to change an IV bag that I knew must be nearly empty. As I walked into the room, I was stopped dead in my tracks. My patient was an old friend from school. Not only did I know her, but I knew her prognosis. I had been told that she did not know the outcome of the surgery. Her surgery was for a brain tumor, believed to be a glioma, a particularly fast growing and always fatal malignancy. I knew that she would not be alive for our next class reunion in three years. My mind was racing. What could I possibly say? Where to start a conversation? Would she notice the shock on my face? I hoped not. She said hello first. Thanking God for her initiative, I said hello back. We spoke briefly while I hung her IV, and I told her that I would be

in later to speak with her. I left the room briskly trusting she could not see the horror on my face.

I went into the staff lounge and began crying. This can not be happening, I thought. NO one deserves this, and least of all her. She never hurt a fly. She is such a good



Naomi Solomon, RN
6B

person. *I don't know if I can care for her.* Just as I was feeling sorry for myself and my inability to deal with reality, truth came down and hit me with a big hammer. Who am I to complain? My job now was to provide her with the very best that I had to offer. She deserved that and more. Spiritual growth happened for me that evening.

Fortunately, my evening was not too hectic. I was able to carve a good block of time to spend with her. I know she appreciated my time. We caught up with the years that had passed, exchanged pictures and stories, and remembered those good old days. She told me of her hobbies and showed me some needlework that she was doing for a future grandchild. I told her that I write poetry, and she asked me to write one for her. I promised her one the next day.

That night, as I sat in front of the computer, I wondered what to write. The events of the evening unfolded in my mind. Boy, was I ever self-involved. My first impulse had been to run and feel sorry for myself. I began to review my own life. What would I do to make the most of my time on earth if given her prognosis? How could my poem make her understand everything that she meant to me? As those thoughts played out in my head, suddenly these verses easily appeared. I hope that you enjoy my efforts as much as she did.

The Greatest Gentleman I'll Ever Know

Honorable Mention



Joann Geslak, RN
CC-OR

Parkinson's Disease is a horrible debilitating disease that attacks the body but leaves the mind intact. A gentleman I once knew had this disease for seventeen years. When first diagnosed with Parkinson's at the age of 53, this gentleman took the news as anyone would. He was a little depressed and upset that this would be a lifelong and progressive disease that would eventually create an invalid. However, rather than succumb to it, he fought it and battled every day of his life.

This man I once knew accepted Parkinson's into his life, not willingly, but with a passion that it was better to know his enemy and keep that enemy close at hand. Armed with information given to him by his neurologist and a steady diet of proper foods, exercise, hope, family and love, he set out on an adventure to conquer the beast. He wasn't going to let this beast called Parkinson's get the best of him.

As the years progressed and the beast got stronger, this gentleman never gave up. He never quit; he never asked people to feel sorry for him; he never asked for help. Although it took a toll on his physical body, mentally this gentleman was alert and as bright as ever. The problem with Parkinson's Disease is that it fools others into believing that the victim of this disease is stupid, ignorant, very slow, or just plain lazy. None of these is true. As a matter of fact, it is usually just the opposite. PD patients are usually smart, creative, and very much aware of what is going on around them. The problem is their bodies just won't react the way they want. As the disease progresses, it becomes more and more difficult to walk, talk, and do simple activities of daily living. PD patients often feel as if they are in a state of suspended animation. Ever willing to move, but unable.

This gentleman usually spoke to his legs and feet saying, "Okay, left foot back, left foot forward, now

walk." Others thought he was quite insane; however, it was the only way to keep moving. You see, Parkinson's patients often freeze up and can't move. When this happens, a little help is required. Due to his pride, this gentleman always helped himself, coaching his legs and feet along. When on an elevator, rather than freeze up, he would walk in a circle to keep moving and, when the door opened, he would be able to walk directly out the door. Otherwise, he would be riding this lift until his legs would begin to work again. A vicious circle, but he accomplished his goal with pride. Not insane at all; just creative in helping himself through this process.

As the years progressed, I saw this gentleman go from a vibrant person – always busy, always moving, always doing something – to a weak frail man who could barely walk and barely talk. One of the most difficult things for him to finally accept was that he had to stop driving. Driving was his last holdout. As long as he could get to the car, he could drive. It was the most devastating day of his life to give up those car keys, but he did it courageously and willingly, because he didn't want to harm others.

Now others had to care for him; others had to run errands for him; others had to help him around the house. It was difficult for this very independent gentleman to accept, but again, he did it with grace. Always appreciative of anything that was done for him, this gentleman made it a point to say "thank you" and whenever I would visit, he would walk me to the door with a smile and a kiss goodbye.

This gentleman was an inspiration to me. He taught me to understand the nature of disease processes and to have compassion for those less fortunate than myself. He taught me to accept people as they are, never to make fun of those less fortunate, and appreciate all of the good things in my life. Petty problems were just that, petty. His comment would often be, "Why worry about something you have no control over? Just keep on going until you can't go anymore."

This gentleman passed away two years ago. He was quite the man, quite the patient, and quite the gentleman. I was proud to have known him. This gentleman was my father. I miss you Dad.

Honorable Mention

A Decision for Nursing

My nursing career began in high school. I joined a Future Nurses Club and also took a job at my local hospital as a pinafore girl. Oh, those pink pinafores reaching half way between knee and ankle! Certainly not the height of fashion! Working for \$0.65 per hour in the local hospital after school, on weekends and holidays left little time for anything else.

In those days, pinafore girls were required to do a lot more than the Candy Striper of today. We gave baths, changed beds, walked patients, put patients on the bed pan and cleaned them up when needed. My best friend and I had a motto "Friends to the End, Through Thick and Thin, Mostly Thin." We also passed trays and fed patients and read their mail to them.

Over the years, I met and cared for people in all walks of life from movie stars and sports heroes to mountain folk of Kentucky.

I've witnessed such pain and suffering and death, and the joys of new life in the wee hours of the morning. The bravery of little four year old "Fabian" whose belly was swollen with a huge neoplasm and pain that wracked his little body when he was moved, but only called out in his tiny little voice "That's All."

There was seventeen year old Teddy, who had been kept at home and given enemas every day of his life by his mentally ill mother. She wanted him to suffer pain like she did during labor. Teddy didn't know how to feed or dress himself. He couldn't read, and had pulled out all his hair. My fellow nurses and I taught Teddy to care for himself and to read and write. What a bright boy was hidden behind his pain.

I've seen miracles happen. Yes, there are such things. From Pat whose life blood was literally draining out of her more rapidly that we could replace it; to Linda, whose brain was so swollen

from Reyes Syndrome that her brain was barely functioning. The hand of God worked his miracle. Both Pat and Linda survived with no after effects. Pat started the first colostomy support group in Ohio, and Linda went on to graduate from college and live a happy, healthy and grateful life.

1959 was a very productive year in Cincinnati. I witnessed in a three month period, three sets of triplets and eight sets of twins and so many single births I stopped counting. What a joy to see those little bundles. Talk about miracles!

As I look back over my years of nursing, some patients stand out in my memories. Dear Miss



Shirley Offutt, RN
LVPG

Dooley, so thin and so alone, just wanting someone or something to hold. My roommate and I pooled our money and bought her a stuffed monkey made out of work socks. She cuddled it all the time and was so happy. We would take time to feed her even when off duty. Even though she could not carry on a conversation, she taught us so much.

There was a patient, Maude, who was a character from the hills of Kentucky. She absolutely would not go to sleep at night without her snuff and a glass of buttermilk. Did you ever try to clean someone's teeth after she chewed snuff and drank buttermilk? Yuk!

My days as a student, as an OR nurse, staff nurse, assistant supervisor, and supervisor of urology were varied and challenging. I felt some days were "totally awesome." Mending broken bones, removing diseased parts, reconstruction and cos-

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Honorable Mention

Memories of Sherry



In 1988, I moved to the Lehigh Valley and started working in the General Intensive Care Unit – East, also known as GICU-E. As the low person on the seniority list, I was assigned a night shift position. The night shift staff of GICU-E was a well-seasoned and experienced group of intensive care nurses. Among that group was Sherry Semmel. Sherry was a middle-aged woman whose life was centered around her family, her church, and her singing at her church. She was also kind, fun-loving and always had a good word to say about everybody. At work, Sherry had a peculiar method of keeping all the information straight for the

Sherry was not only concerned with her patients but with the staff as well. On September 14, 1992, I received a call that my mother was gravely ill. She died the next day. Cards and flowers came from everywhere but one that was special was from Sherry and her family. She wrote, "Just remember that your mom is with the Lord where there is no more pain or tears but happiness in the presence of the Lord, just waiting for us to be with them again. Praise the Lord, what a wonderful time that will be."

Those words were almost prophetic for only three months later on December 23, 1992, Sherry was involved in a serious MVA on her way to work. She came to LVH that morning as a "Code Red." She was transferred to the Shock-Trauma Unit (STU) with serious head and chest injuries. It was uncertain whether she would survive. All the staff of GICU-E were notified about the accident. That night, we came to work and cared for our patients but our hearts were in the Shock-Trauma Unit only 100 feet away where Sherry was lying so critically ill. Between 2 and 3:00 AM, we heard that Sherry's condition had changed for the worse. She was taken for an emergent CT scan of her head. Approximately one hour later, Dr. K. Shah and Dr. Tamar Ernest, the trauma surgeons that night, came over and told us about the change in her condition. Dr. Ernest took each of us over to the STU to let us say our goodbyes to our beloved colleague and friend. On the morning of December 24, 1992, Dr. K. Shah met with the rest of the GICU-E and informed them of her death. As a final gift, Sherry's husband and sons signed the permit for organ donation.

On December 28, 1992, a memorial service was held for her at her church. It was a time to celebrate her life. We heard many of her friends and family speak about her life. But most touching was a song sung by Sherry and her son that had been taped only two weeks prior to her death at the dedication of a new addition to her church. The song spoke about finishing the race and completing the tasks set before us! Sherry's work was completed early in the morning on December 24, 1992! She is now experiencing what she wrote to me only three months before – "Happiness in the presence of the Lord!"

Sherry, we miss you! Your voice, your laugh, your kindness, and most of all, your presence with us! Good-bye!

Eugene Anderson, RN CVCU

shift. If she were working, you would find a group of papers taped together which had all the information about her patients. These papers were her way of keeping herself organized and on track for the shift. Her system never seemed to work very well, since she was always the last one to finish at the end of the shift.

Although she seemed disorganized and behind in her work, Sherry would always be willing to help you with your work. Whether you needed help with a bath or a turn and prop, she could always be counted on to give you a hand. You knew if she was scheduled, your night would be okay. Sherry was not only fun to work with, she was a good nurse. Her patient's physical, emotional and spiritual needs would be addressed while she was there. She would spend time talking to, praying with and occasionally singing to her patients to ease their fears.

When night shift was getting too much for her, a part time day shift position became available on GICU-E. She adjusted well to the change. Many times when you walked onto the unit, you could hear Sherry singing to the patients! Once she even tried to imitate Marilyn Monroe's famous rendition of Happy Birthday to President Kennedy! What a sight to behold.

All of ME

Honorable Mention

Hannah Dolan

Nothing can help clarify a situation as well as seeing it through your own eyes. Being the care giver, we must look through the eyes of the patient; we must always remember that the patient receiving care has a myriad of emotions to deal with— often including grief, shock, loss, and more. Most important is that we remember the patient is a person who, regardless of their position in life, needs your help— now.

*I search deep inside,
I look for words,
To try and describe
The loss that's occurred.
My teardrops echo
In the cavernous tomb,
An empty space
That was once my womb.
My life as a woman, a mother,
A friend...
My innermost being, myself
To the end.
I feel like my body
Is empty at depths.
There's room for the tears
That one will have wept.
Once rich with perfusion,
A delicate state...
To balance our nature,
To help vision our fate.
It's true in life,
What will be, will be...
I just sometimes miss,
Feeling all of me...*



Honorable Mention

The Paper Toy



Recently, I had the pleasure of watching the Golden Globe Awards on television. I had videotaped it because I enjoy hitting rewind to make sure I can review every detail of the awards, the fashions, the stars, and their antics. For some reason, unbeknownst to me, I suddenly became startlingly aware of the intense emotion experienced by many of the stars as Barbra Streisand went forward to accept the very prestigious Cecil B. DeMille Award. There had been a special introduction by Shirley MacLaine with clips from Barbra's more popular movies, plus stories of her lifetime showing her many achievements. Tears filled the eyes of some of the stars and

sake of giving him a name, I will call him Rob. Rob is 38 years old and single. He's a rather handsome young man who has continued to "attempt" to hold a part-time job. He has had some difficulty doing this and keeping up with his medication regimen at the same time, partly because he becomes easily overwhelmed. He stopped taking his medication, which is the wrong thing to do. He began to relapse and act in a bizarre manner. Sometimes he would speak so fast you could barely follow what he was attempting to tell you. Also, during these phases, he would speak in rhyme. Because of his haphazard and confused thought processes, Rob would often

Mary Beth Sprankle, RN 6N-Adult Psychiatry

make a mental connection between dissociated ideas in words that sound alike. He often used words that sounded alike to describe ideas. His speech was so interesting to someone such as myself, a psychiatric nurse interested in all characteristics and symptoms of mental illness. However, to someone who does not understand, he would be frightening rather than delightful.

His behavior would be considered inappropriate to the outside world, but Rob was a pleasant man and he adored attention. He liked the staff on 6N and always had so much he wanted to share with them verbally. If you were in the hall walking, he would come bouncing out of his room just to join you, talking a mile a minute and somewhat loudly, rhyming a lot of the time. He wasn't always like that though. Sometimes he seemed to retreat inside himself. He would withdraw from others, appear lonely, and look depressed. I often wondered during those times if he was contemplating his illness and what lay ahead in his future. If you were his assigned nurse for the shift, one of your responsibilities

applause grew louder as people rose to honor Ms. Streisand. As the famed actress/singer entered the stage the audience displayed immense admiration towards her. I can barely imagine the emotion that must have been welling up inside her as she stood there facing her peers from the motion picture industry.

It was time for me to take a break. That is another nice thing about having a favorite show videotaped. I turned off the VCR and headed for the kitchen to brew a cup of hot tea. A few minutes later I sat in my easy chair sipping the hot liquid and remembering the smiles on the faces of those famous personalities.

For some reason, I began remembering the smiles on some faces I had seen at work a few weeks before. A patient of ours on 6 North, Psychiatry, had been admitted after a relapse of symptoms of his chronic mental condition. His schizophrenia. For the

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The Paper Toy

"As the disease progresses, the schizophrenic patient may experience strong feelings of rejection, low self-esteem, loneliness and hopelessness."

besides assessing him was to spend what we call one-to-one time. This could be 30 minutes, or maybe only 10 minutes, depending on whether or not he was willing or able to invest time in his treatment plan. However, you must constantly observe a psychiatric patient throughout the shift and report any anxiety, phobias, obsessions, hallucinations, distorted thoughts, or other symptoms. It is a serious responsibility and requires knowledge, skill, understanding and patience on the part of the caregiver.

As the disease progresses, the schizophrenic patient may experience strong feelings of rejection, low self-esteem, loneliness and hopelessness. I had noticed these characteristics in Rob. He watched as visitors and family members came onto the unit each evening to visit other patients. Night after night he waited, but no one came to see him. His mother had passed away, and his dad was in poor physical health and rarely drove himself anywhere. He had no brothers or sisters. Occasionally, a male friend he grew up with would come by for a brief visit. Afterward, Rob would go back to his room and sit on the edge of the bed looking out into the hall.

One evening, a female patient's husband came in to see her and, with her doctor's permission, brought their little 9-month-old daughter. The little girl screamed out with glee when she saw her mother coming down the hall towards her. The reunion was a wonderful, happy one and caused much stir among the other visitors. She was so charming with her little blonde curls and big blue eyes.

Rob, hearing her laughter and squeals echoing down the hall, could stand it no longer and came strolling out of his room. I observed how he practiced self-control by not charging towards the family, and scaring them to death. Had they come the week before, there would have been no guarantees that he would have had this control. He quietly pretended that he had "business" in the hallway where they continued to visit, all the while turning and looking and waving at the little girl. She hung over her father's shoulder, interested in this strange man who wouldn't stop waving at her. After a while, the father attempted to turn the little girl around so that she would be facing the other way, but in a minute or

two, she would squirm around and seem to crawl right up his chest until she was peering over his shoulder at Rob again. She wasn't sure if she liked Rob or not, but there was something about him that held her attention.

Eventually, bored with this whole "visiting thing," the little girl became restless and it was obvious she was ready for her daddy to take her home. The father kept telling her to be good for 5 more minutes and then "we will go." Rob became concerned about her fussing and disappeared into his room. A minute later, he appeared in the hallway and began flashing around a simple white facial tissue and making soft little noises. He moved quietly behind the father so as not to be intrusive. I was impressed with his performance. The baby began laughing and giggling. This encouraged Rob all the more, and he continued flying the tissue up and down in quick movements. The little girl loved Rob's paper toy and she became so loud with her laughter that soon her father told everyone, "I'd better go while the going is good!" Rob watched as the elevator doors began to close, his eyes fixed on the child's and the child's little sparkling blue eyes on his. There was something special between the two. No one thanked Rob for entertaining the little girl and keeping her happy. But you know what? He didn't notice or even care. He was smiling for the rest of the evening.

As I drove home that night, I thought about Rob. Because of his special problems, he most likely will never develop an intimate relationship, never marry, and never have children of his own. Some of his most important issues involve planning meaningful and attainable goals and maintaining his medication regimen. Staying as healthy as he can throughout his life and preventing relapse as much as he is able are important goals also. His relationships will more or less revolve around interacting with health care professionals and support systems as he participates in his treatment. But, for a short while, on 6N, during visiting hours, this special person shared joy and happiness, mixed with lots of laughter, with a small baby with bouncing blonde curls and big blue eyes. That little girl's smiles for him were as important as any Golden Globe Award presentation.

Honorable Mention

The Journey



*"Eternal Father, strong to save,
Whose arm hath bound
the restless wave."*

As the organ sounds the plaintive melody of the Navy hymn, the pallbearers progress toward the flag draped casket and the funeral service draws to a close. Alan has completed his passage into death and is now writing the prologue for his new level of faith journey. The Navy hymn is in honor of this Navy veteran of World War II and thirty-year Navy

ship was important to him and therefore on a recent Sunday morning, recognizing the symptoms of a mild stroke, Alan insisted that this wife take him to the hour-long church service on their way to the hospital emergency department. The pastor said, "This is the place where the Lord gave him strength to meet every event that touched his life."

*"Who walkedst on the foaming deep,
And calm amid the storm didst sleep."*

The pallbearers are in place and as we continue singing the poignant words of the Navy hymn, the casket is lifted to begin its slow descent from the chancel area. The white-haired pastor, some ninety years of age, follows the casket. He has been both pastor and friend to Alan, his wife and family for the past five years. Throughout the service, the man spoke of the deep sense of privilege he felt to walk beside Alan on his last earthly journey.

Three days ago, Alan was admitted to the Coronary Care Unit with a diagnosis of heart failure and was supported by oxygen and IV drug therapy. Two days before his death, struggling for each breath, Alan talked to his family and his doctors, reiterated his desire for the do not resuscitate order and then requested that all meds and oxygen be discontinued. To the surprise of the doctors and nurses, Alan's condition stabilized after treatment was discontinued. Unencumbered by medical paraphernalia and with great mental clarity he was able to share a legacy of memories and say his good byes to family and friends. Alan simply said, "The Lord isn't ready for me yet!"

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Mary-Jo Kolde
ASU-OR

Reservist. After seven cardiac catheterizations, three stent placements and four coronary artery bypass grafts, Alan learned a week ago that only two coronary arteries were supporting his failing heart, that he was no longer a candidate for further surgery, and that palliative medical support was his only option. The pastor told those of us assembled for the funeral service that Alan never dwelt on the critical moments of his life; he never complained. Visits with him were positive and pleasant; he was a jovial man who always had a joke ready to share. Alan didn't talk about his faith – he lived it.

Alan's casket has rested in the sanctuary of the church at his request. He often said when he was at church, there was no pain. Attending church wor-

The Journey

That evening, Alan told his wife to go home saying with a twinkle in his eyes that he and the pastor would have a game of poker with blondes as prizes. (The elderly pastor assured us that Alan's nurses were brunettes!) For the next four hours, the two men shared their vital, tangible faith experiences and beliefs. When Alan became tired, short of breath or needed nursing assistance for suctioning, he would say to his friend, "Let's have silent meditation," and the two would share meaningful periods of silence that were filled with richness.

In his eulogy, the pastor told us a story he shared with Alan in the hospital. Knowing Alan's love of the sea, he spoke of a young Naval Academy graduate who after completing his first overseas cruise, was given an opportunity to display his knowledge and skills taking a ship out of port. The young officer established a record for getting a ship underway, but was stunned when a sailor approached him with a message from his captain: "My personal congratulations upon completing your underway preparations exercise according to the book and with amazing speed! In your haste, however, you have overlooked one of the fundamental rules. Make certain the captain is on board before you leave!" The pastor paused—looked at each of us in the congregation with an assurance born of 65 years experience and said, "This Navy man (referring to Alan) had his Captain on board!

"From rock and tempest, fire and foe, Protect them where-soe'er they go."

The hymn brings me back to the present as Alan's casket threads a recessional journey down the church aisle among family and friends. I think back to the praise for Alan's nurses that had been a recurring theme in the pastor's message. They had demonstrated superior skills and knowledge, but even more so had demonstrated sensitivity and caring that went far beyond clinical competency. As 2:00 AM, almost 24 hours before Alan died, his nurses approached the pastor and sensing his fatigue, encouraged him to return home for sleep, saying they would take up the watch, stay with Alan and hold his hand to assure him he was not alone. Carol, working extra on night shift to assist with staffing, and Vickie had developed a rapport and

fondness for both their patient and his pastor. Alan had included them in conversations with the pastor and encouraged them more than once, "You've got to talk with this man; he'll make sure you go to the right place!"

Alan's medical condition continued to deteriorate. A titrated Morphine drip allowed some comfort, though heart and lungs were struggling; yet Alan remained lucid. When he could summon the strength, he continued to share memories and even tell jokes, but Alan knew he was dying and said so. Late the next afternoon, pastor and family changed bedside watch for the last time. Shortly after midnight, Alan asked for his wife, Dorothy, and a few minutes after her arrival, he boarded ship with the Captain and sailed home.

"Thus evermore shall rise to Thee Glad hymns of praise from land and sea."

The last notes of the organ and the voices singing the Navy hymn fade. The service is over. Alan's casket passes into the narthex and I am overwhelmed with emotions. I try to imagine the pain, the loss and the sense of emptiness Alan's family must now face. Yet I personally know the profound blessing of having known this man who demonstrated qualities of gentleness, joy, faith and trust in the eternal realities. He knew God was the source of the power that enabled him to meet every circumstance, however stressful.

I feel a sense of pride in my fellow nurses who not only provided the best physical care possible, but also supported their patient's passage into death by their awareness of his spiritual strengths and needs. They did not simply stand by and offer palliative support and care, they participated in a tangible faith experience.

As the pastor escorts Alan's family out of the sanctuary, tears well in my eyes and overflow onto my cheeks. This wise, gentle man of God who has just conducted a service celebrating life and faith, has challenged each of us to live fully until death overtakes us. I want for myself ninety more years to sit at the pastor's feet and learn from him. His faith is tangible and visible; he does not simply believe, he knows. He is my spiritual mentor, my life role model, my dear and loving friend; he is my father.

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A Decision for Nursing

metic surgery, and eye surgery to give back sight were just a few experiences that come to mind.

Among the moments in my memory bank is November 22, 1964. I'm scrubbed in on a hip pinning when someone popped their head in the door to say President Kennedy had been assassinated. Or how about the time my next surgical patient, being wheeled into the OR, was one of the star players from the Cincinnati Reds.

A fearful moment was the night following Martin Luther King's funeral when I was on call for the OR. We had to lock ourselves in the OR Suite, equipped with blackout blinds over the windows. These precautions were to prevent possible invasion into the OR and sniper fire at our shadows. Four loaded guns, one mine, lay on a shelf in easy reach. Rioting and fires were just four blocks away. Going home that night, I encountered a Cincinnati police officer with a shotgun and a National Guard with rifle and fixed bayonet, sitting in an army jeep, a mounted machine gun on the hood, blocking each end of my street. I had been issued a special pass to get through check points during the curfew.

After my marriage, I was out of nursing for several years. My skills were still used caring for my husband, child, family and friends.

Arriving in Allentown, I found it necessary to return to the work force and tried a new type of nursing in a family practice office. This has been very rewarding. I have learned a lot, met some wonderful people, and have been truly blessed in doing so. Where else can one meet people all ages, races, creed and all walks of life?

There are happy times, sad times, times of frustration and, yes, anger. There are also times so moving I know I am in the right profession for me – in this profession for a reason.

I pray every day for God's blessing of the strength, courage and knowledge to carry out my job of caring for his children, young and old.

I would not have had these experiences if I had not become a nurse. I have never regretted that decision.

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Shaping The History of Nursing

staff lounge to resemble a restaurant. It was complete with tablecloth, china, flowers and candles. He had a seven course dinner delivered from the fanciest restaurant in town, complete with a waiter and a violin player. It was so beautiful and romantic. He proposed to me that night. I said yes."

"Wow, that sounds so unbelievable," stated Gail. "It was like a dream," said Florence. "We got married on March 14th in the hospital chapel. I knew all about his cancer, but I didn't care about getting hurt. I only thought about him, and how he didn't want to die alone. I thought about how sad he was that he didn't take the time to find someone to share his life with, especially faced with the possibility that his life could be ending soon."

"Sometimes, Gail, you just have to take the chance that you're given. Think about it. You could meet your Mr. Right tonight in the supermarket. You date for a month, you fall in love, you get married. He could die in a car accident one week later. You took the chance for love. Just because someone is sick and possibly dying soon, doesn't mean you

shouldn't take the chance to love them."

"I never thought about it like that," said Gail. "How long were you married before he died?"

"He didn't die. He has been in remission for 3 years."

"Wow, that's great! I'm sorry, I assumed he had died. I can't wait to meet him, he sounds so wonderful. But, can you tell me one more thing?" asked Gail.

"What's that?" replied Florence.

"Does he have a brother?" questioned Gail.

From that day on, Gail and Florence were inseparable. Between the two of them, Florence on day shift and Gail on evenings, they rejuvenated the entire Oncology Unit staff. They initiated after hours activities for the staff to get together and talk, or just have fun. They posted a "Caring Tree" on a bulletin board in the staff lounge. The first name and room number of any patient who didn't have family, or any support system, was inscribed on a leaf and hung on the tree. This was to remind the staff which patients needed a little extra tender loving care. And that's the story of how Florence Knight and Gail shaped the history of nursing (at one hospital, anyway).

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Searching For Joy

the rest of the day and to look for signs of heat stroke. Maybe she would have been okay without my help, but what if I had not responded and it was more serious? I doubt that most health care professionals would want to answer that question and feel guilty that they hadn't responded.

A recent episode strengthened my sense of purpose and identity as a nurse quite unexpectedly. I was leaving after a relatively quiet but satisfying day at work when I encountered a sick staff member in the locker room. As usual, I was taking off my lab coat while opening the door, but instantly dropped it when I saw another nurse helping someone in the room. Immediately we sprang into action; she stayed with our "patient" while I got the accu-check and a portable blood pressure cuff. Since I still had my stethoscope, I took her blood pressure and the other nurse did her blood sugar — both were low. I barely got the reading out of my mouth, when I looked up and saw a familiar expression. We quickly moved out of the way as our "patient" ran to the bathroom. After she returned, she looked paler but said she felt better. We sat her down and gave her some crackers and ginger ale. The immediate crisis over, I left her in good

hands while I returned the equipment and attempted to find out where my lab coat had gone in all the commotion. I was muttering because I could not find the wayward item anywhere, when one of my friends said, "See, you are going home and you're still a nurse. You just cannot help it." I nodded with a rueful smile as I walked back to the lounge to see our "patient" recovering nicely. Quickly scanning the locker room again, I still could not find my coat until it dawned on me that it was buried under the coats of other nurses who had come to help. After putting the lab coat in my locker, I checked on our "patients" progress once more before putting on my winter coat. As I bundled up and walked out, my friend's words stuck in my head. For the first time since I had graduated from nursing school, I knew that I had made the right choice. I felt as if I were taking my first free breath as I walked out into the cold winter air — as if a great weight was lifted off my chest. Turning the key in the ignition, I turned up the radio and headed for home, knowing that I had been true to myself all along. I was just like those other nurses I admired all those years. For I am a nurse, not in title alone, but in every sense and it is this simple revelation that gives me great joy.

Continuations